

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original and first sole inventor or an original and first joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL COMPLEXES FOR INDUCING AN IMMUNE RESPONSE
the Specification of which



is attached hereto
 was filed on **25 February 2003**
 as United States Application Number or PCT International
 Application No. **PCT/GB03/00811**
 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §1.119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FILED APPLICATION(S)

<u>APPLICATION NUMBER</u>	<u>COUNTRY</u>	<u>(DAY/MONTH/YEAR FILED)</u>	<u>PRIORITY CLAIMED</u>
0204348.7	GB	25 February 2002	YES
0223947.3	GB	15 October 2002	YES
PCT/GB03/00811	PCT	25 February 2003	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>APPLICATION NO.</u>	<u>FILING DATE (DAY/MONTH/YEAR)</u>	<u>STATUS - PATENTED, PENDING, ABANDONED</u>
------------------------	---	--

I hereby appoint as my attorney(s) and agent(s) Mark S. Cohen (Attorney, Registration No. 42,425) or Caleb Pollack (Attorney, Registration No. 37,912) or Guy Yonay (Attorney, Registration No. 52,388) or Guy Levi (Attorney, Registration No. 55,376) said attorney(s) and agent(s) with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

EITAN, PEARL, LATZER & COHEN ZEDEK, LLP.
10 ROCKEFELLER PLAZA
SUITE 1001
NEW YORK, NEW YORK 10020

Direct all telephone calls to (212) 632-3480 and all facsimiles at (212) 632-3490.

Customer No. 27130

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: SCREATON, Gavin Robert

FULL RESIDENCE ADDRESS: Institute of Molecular Medicine, John Radcliffe Hospital, Headington, Oxford, Oxfordshire OX3 9DS, Great Britain

COUNTRY OF CITIZENSHIP: Great Britain

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: **SIMON, Katharina Anna**

FULL RESIDENCE ADDRESS: **Institute of Molecular Medicine, John Radcliffe Hospital, Headington, Oxford, Oxfordshire OX3 9DS, Great Britain**

COUNTRY OF CITIZENSHIP: **Germany**

FULL POST OFFICE ADDRESS: **same**

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: **GALLIMORE, Awen Myfanwy**

FULL RESIDENCE ADDRESS: **Medical Biochemistry, UWCM, Heath Park, Cardiff, South Wales, CF14 4XN, Great Britain**

COUNTRY OF CITIZENSHIP: **Great Britain**

FULL POST OFFICE ADDRESS: **same**

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)